

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-020697

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 384

Primary Registration District No. 8039

Registrar's No. 992

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

LINN

b. CITY (If outside corporate limits, give TOWNSHIP only)

NORTH SALEM TOWNSHIP

Length of stay in 1b

—

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

KANSAS

b. COUNTY

KAW

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

1901 W. 43RD ST

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First ROBERT

Middle

WALTER

Last

DENNETT

4. DATE OF DEATH

Month

Day

Year

5-24-63

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/22/16

9. AGE (last birthday)

46 years

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

General Contractor

10b. KIND OF BUSINESS OR INDUSTRY

Dennett Const. Co

11. BIRTHPLACE (City and state or country)

Kansas City Kan.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Clarence W. Dennett

13b. MOTHER'S MAIDEN NAME

Jessie Crawford

14. NAME OF HUSBAND OR WIFE

Mrs Tommie Dennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes World War II

16. SOCIAL SECURITY NO.

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17. INFORMANT

Mrs Tommie Dennett 1901 W 43rd St

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACCIDENT

DUE TO (b)

LIGHT AIRPLANE CRASH

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

TIME

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Body completely crushed + decapitated

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

11:00

Hour

Month, Day, Year

5-24-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

NEAR WINIGAN

COUNTY

LINN

STATE

Mo.

21. I attended the deceased from _____ to _____ and last saw her alive on _____

Death occurred at Approx 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. H. Winger

Coroner

22b. ADDRESS

Madison Mo.

22c. DATE SIGNED

5-25-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

5/25/63

23c. NAME OF CEMETERY OR CREMATORY

Porter Funeral Home

23d. LOCATION (City, town, or county) (State)

Kansas City, Kansas

24. FUNERAL DIRECTOR

H. B. Borden

ADDRESS

404 LINN ST.

25. DATE RECD. BY LOCAL REG.

5-25-63

26. REGISTRAR'S SIGNATURE

Allen Watson

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 18 1963

JUN 7 1963

JUN 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.